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PTO/SB/05 (03-01)

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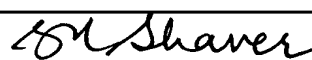
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 100/1004-40	
		First Inventor Patil, Nila et al.	
		Title Methods for Enriching Populations of Nucleic Acid Samples	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		Express Mail Label No. EV 322047524 US	


APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages 50 <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p> <p>5. Oath or Declaration (UNSIGNED) [Total Pages]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></p> <p style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																												
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an <i>Application Data Sheet</i> under 37 CFR 1.76:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p style="margin-left: 20px;">Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																													
17. CORRESPONDENCE ADDRESS																													
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 31662 or <input type="checkbox"/> Correspondence address below</p> <p style="text-align: center;"><i>(Insert Customer No. or Attach bar code label here)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="3">Gulshan H. Shaver</td></tr><tr><td></td><td colspan="3">Perlegen Sciences, Inc.</td></tr><tr><td>Address</td><td colspan="3">2021 Stierlin Court</td></tr><tr><td>City</td><td>Mountain View</td><td>State</td><td>California</td></tr><tr><td></td><td></td><td>Zip Code</td><td>94043</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>650-625-4555</td></tr><tr><td></td><td></td><td>Fax</td><td>650-625-4574</td></tr></table>		Name	Gulshan H. Shaver				Perlegen Sciences, Inc.			Address	2021 Stierlin Court			City	Mountain View	State	California			Zip Code	94043	Country	USA	Telephone	650-625-4555			Fax	650-625-4574
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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision</i>		Complete if Known	
		Application Number	Unassigned
		Filing Date	August 6, 2003
		First Named Inventor	Nila Patil, et al.
		Examiner Name	Unknown
		Group/Art Unit	TBD
TOTAL AMOUNT OF PAYMENT	\$750	Attorney Docket No.	200/1004-40

METHOD OF PAYMENT (check one) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 50-2043 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Perlegen Sciences, Inc. </div> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account</p>				FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																			
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		Gulshan H. Shaver		Reg. Number	37,496
Signature				Deposit Account User ID	50-2043
		Date	8/6/03		

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		Date	August 6, 2003